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|   |  |   |                                       |                        |                                   |                                    |  | Application of Docket Number            |                        |         |                     |                        |  |
|---|--|---|---------------------------------------|------------------------|-----------------------------------|------------------------------------|--|---|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO   |  |   |                                       |                        |                                   |                                    |  |   |                        |         |                     | l                      |  |
| Effective October 1, 2001   |  |   |                                       |                        |                                   |                                    |  | 10086604                                |                        |         |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                        |                                   |                                    |  | LL EN                                   | _                      | OR      | OTHER<br>SMALL      |                        |  |
| то  | TAL CLAIMS   |   | 26.                                   |                        |                                   |                                    | R  | ATE                                     | FEE                    |         | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                          |                        | NUMBER EXTRA                      |                                    | BAS  | SIC FEE                                 | 370.00                 | OR      | BASIC FEE           | 740.00                 |  |
| то  | TAL CHARGEA  | BLE CLAIMS                                | 26 minus 20=                          |                        | * 6                               |                                    | ×  | \$ 9=                                   |                        | OR      | X\$18=              |                        |  |
| IND   | EPENDENT CL  | AIMS                                      | 5_ min                                | us 3 =                 | * 2                               |                                    | X  | 42=                                     |                        | OR      | X84=                |                        |  |
| MUI   | LTIPLE DEPENI  | DENT CLAIM P                              | RESENT                                |                        |                                   |                                    | +140   |   |                        | OR      | +280=               |                        |  |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                        |                                   |                                    | TO   | OTAL                                    |                        | OR      | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                        |                                   |                                    |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |         |                     |                        |  |
|   | and the control of th | (Column 1)                                | GTOPHUSSONNOS C 1770)                 |                        | mn 2)<br>HEST                     | (Column 3)                         | SMALLE   |   |                        | OR      | SMALL               |                        |  |
| NTA   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                       | NUN<br>PREVI           | MBER<br>NOUSLY<br>FOR             | PRESENT<br>EXTRA                   | R  | ATE                                     | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | *   | Minus                                 | **                     |                                   | =                                  | X  | \$ 9=                                   |                        | OR      | X\$18=              |                        |  |
| MEN   | Independent  | *   | Minus                                 | ***                    |                                   | =                                  | ×  | (42=                                    |                        | OR      | X84=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                        |                                   | +                                  | 140=   |   | OR                     | +280=   |                     |                        |  |
|   |  |   |                                       |                        |                                   |                                    |  | TOTAL                                   |                        | OR      | TOTAL               |                        |  |
|   | (Column 1) (Column 2) (Column 3)   |   |                                       |                        |                                   |                                    |  | IT. FEE                                 |                        |         | ADDIT. FEE          |                        |  |
| _   | DE SEE FAR   | (Column 1) CLAIMS                         |                                       | HIGHEST                |                                   |                                    |  |   | ADDI-                  | ı       |                     | ADDI-                  |  |
| NDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREV                   | MBER<br>HOUSLY<br>D FOR           | PRESENT<br>EXTRA                   | F  | RATE                                    | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus                                 | **                     |                                   | =                                  | ×  | (\$ 9=                                  |                        | OR      | X\$18=              |                        |  |
| AMEN  | Independent  | *   | Minus                                 | ***                    | IT CL AIM                         | -                                  | \rightarrow \right | (42=                                    |                        | OR      | X84=                |                        |  |
|   | FIRST PRESE  | NTATION OF M                              | TOLTIPLE DEF                          | PENDEN                 | T CLAIV                           |                                    | +  | 140=                                    |                        | OR      | +280=               |                        |  |
|   |  |   |                                       |                        |                                   |                                    | ADE  | TOTAL<br>DIT. FEE                       |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
|   | (Column 1) (Column 2) (Column 3)   |   |                                       |                        |                                   |                                    |  |   |                        |         |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NU<br>PRE\             | SHEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                   | F  | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                     |                                   | =                                  | \ \ \  | (\$ 9=                                  |                        | OR      | X\$18=              |                        |  |
| ME  | Independent  | *   | Minus                                 | ***                    |                                   | =                                  | ,  | <42=                                    |                        | OR      | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                        |                                   |                                    |  |   |                        |         |                     | 1                      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                        |                                   |                                    |  |   |                        |         |                     | 1                      |  |
| **  | If the "Highest No   | mber Previously                           | Paid For" IN TH                       | IS SPACE               | E is less that                    | an 20, enter "20.                  | ADE  | TOTAL<br>DIT. FEE                       |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
| "   | If the "Highest No. The "Highest No.   | umber Previously<br>mber Previously F     | Paid For" IN TH<br>Paid For" (Total o | is spaci<br>ir Indeper | E is less th<br>ndent) is th      | an 3, enter 3."<br>e highest numbe | r found  | in the ap                               | opropriate bo          | ox in c | column 1.           |                        |  |